

AMENDED IN SENATE JULY 9, 2013  
AMENDED IN SENATE JUNE 13, 2013  
AMENDED IN ASSEMBLY MARCH 21, 2013  
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1308**

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**Introduced by Assembly Member Bonilla**

February 22, 2013

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An act to amend Sections 2507 and 2508 of the Business and Professions Code, and to amend Section 1204.3 of the Health and Safety Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1308, as amended, Bonilla. Midwifery.

Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensing and regulation of midwives by the Board of Licensing of the Medical Board of California. The license to practice midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, as specified, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. Under the act, a licensed midwife is required to make certain oral and written disclosures to prospective clients. A violation of the act is a crime.

This bill would additionally authorize a licensed midwife to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with his or her scope of practice and would require a licensed midwife to disclose to prospective clients the specific arrangements for referral of complications to a physician

and surgeon. *Because a violation of that requirement would be a crime, the bill would impose a state-mandated local program.*

Existing law requires the board, by July 1, 2003, to adopt regulations defining the appropriate standard of care and level of supervision required for the practice of midwifery.

~~This bill would require the board, by July 1, 2015, to revise and adopt regulations defining the appropriate standard of care and level of supervision required for the practice of midwifery and identifying complications necessitating referral to a physician and surgeon delete that requirement.~~

Existing law requires a licensed alternative birth center, and a licensed primary care clinic that provides services as an alternative birth center, to meet specified requirements, including ~~requiring~~ the presence of at least 2 attendants during birth, one of whom shall be either a physician and surgeon or a certified nurse-midwife.

This bill would provide that a licensed midwife may also satisfy that requirement.

~~By expanding the disclosures a licensed midwife is required to make to prospective clients, this bill would expand the scope of a crime thereby imposing a state-mandated local program.~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares the following:
- 2 (a) Licensed midwives have been authorized to practice since
- 3 1993 under Senate Bill 350 (Chapter 1280 of the Statutes of 1993),
- 4 which was authored by Senator Killea. Additional legislation,
- 5 Senate Bill 1950 (Chapter 1085 of the Statutes of 2002), which
- 6 was authored by Senator Figueroa, was needed in 2002 to clarify
- 7 certain practice issues. While the midwifery license does not
- 8 specify or limit the practice setting in which licensed midwives
- 9 may provide care, the reality is that the majority of births delivered
- 10 by licensed midwives are planned as home births.

1 (b) Planned home births are safer when care is provided as part  
2 of an integrated delivery model. For a variety of reasons, this  
3 integration rarely occurs, and creates a barrier to the best and safest  
4 care possible. This is due, in part, to the attempt to fit a midwifery  
5 model of care into a medical model of care.

6 SEC. 2. Section 2507 of the Business and Professions Code is  
7 amended to read:

8 2507. (a) The license to practice midwifery authorizes the  
9 holder, under the supervision of a licensed physician and surgeon,  
10 to attend cases of normal childbirth and to provide prenatal,  
11 intrapartum, and postpartum care, including family-planning care,  
12 for the mother, and immediate care for the newborn.

13 (b) As used in this article, the practice of midwifery constitutes  
14 the furthering or undertaking by any licensed midwife, under the  
15 supervision of a licensed physician and surgeon who has current  
16 practice or training in obstetrics, to assist a woman in childbirth  
17 so long as progress meets criteria accepted as normal. All  
18 complications shall be referred to a physician and surgeon  
19 immediately. The practice of midwifery does not include the  
20 assisting of childbirth by any artificial, forcible, or mechanical  
21 means, nor the performance of any version.

22 (c) As used in this article, “supervision” shall not be construed  
23 to require the physical presence of the supervising physician and  
24 surgeon.

25 (d) The ratio of licensed midwives to supervising physicians  
26 and surgeons shall not be greater than four individual licensed  
27 midwives to one individual supervising physician and surgeon.

28 (e) A midwife is not authorized to practice medicine and surgery  
29 by this article.

30 (f) A midwife is authorized to directly obtain supplies and  
31 devices, obtain and administer drugs and diagnostic tests, order  
32 testing, and receive reports that are necessary to his or her practice  
33 of midwifery and consistent with his or her scope of practice.

34 ~~(g) The board shall, not later than July 1, 2015, revise and adopt~~  
35 ~~in accordance with the Administrative Procedure Act (Chapter 3.5~~  
36 ~~(commencing with Section 11340) of Part 1 of Division 3 of Title~~  
37 ~~2 of the Government Code), regulations defining the appropriate~~  
38 ~~standard of care and level of supervision required for the practice~~  
39 ~~of midwifery and identifying complications necessitating referral~~  
40 ~~to a physician and surgeon.~~

1 SEC. 3. Section 2508 of the Business and Professions Code is  
2 amended to read:

3 2508. (a) A licensed midwife shall disclose in oral and written  
4 form to a prospective client all of the following:

5 (1) All of the provisions of Section 2507.

6 (2) If the licensed midwife does not have liability coverage for  
7 the practice of midwifery, he or she shall disclose that fact.

8 (3) The specific arrangements for the referral of complications  
9 to a physician and surgeon for consultation. The licensed midwife  
10 shall not be required to identify a specific physician and surgeon.

11 (4) The specific arrangements for the transfer of care during the  
12 prenatal period, hospital transfer during the intrapartum and  
13 postpartum periods, and access to appropriate emergency medical  
14 services for mother and baby if necessary.

15 (5) The procedure for reporting complaints to the Medical Board  
16 of California.

17 (b) The disclosure shall be signed by both the licensed midwife  
18 and the client and a copy of the disclosure shall be placed in the  
19 client's medical record.

20 (c) The Medical Board of California may prescribe the form for  
21 the written disclosure statement required to be used by a licensed  
22 midwife under this section.

23 SEC. 4. Section 1204.3 of the Health and Safety Code is  
24 amended to read:

25 1204.3. (a) An alternative birth center that is licensed as an  
26 alternative birth center specialty clinic pursuant to paragraph (4)  
27 of subdivision (b) of Section 1204 shall, as a condition of licensure,  
28 and a primary care clinic licensed pursuant to subdivision (a) of  
29 Section 1204 that provides services as an alternative birth center  
30 shall, meet all of the following requirements:

31 (1) Be a provider of comprehensive perinatal services as defined  
32 in Section 14134.5 of the Welfare and Institutions Code.

33 (2) Maintain a quality assurance program.

34 (3) Meet the standards for certification established by the  
35 American Association of Birth Centers, or at least equivalent  
36 standards as determined by the state department.

37 (4) In addition to standards of the American Association of Birth  
38 Centers regarding proximity to hospitals and presence of attendants  
39 at births, meet both of the following conditions:

1 (A) Be located in proximity, in time and distance, to a facility  
2 with the capacity for management of obstetrical and neonatal  
3 emergencies, including the ability to provide cesarean section  
4 delivery, within 30 minutes from time of diagnosis of the  
5 emergency.

6 (B) Require the presence of at least two attendants at all times  
7 during birth, one of whom shall be a physician and surgeon, a  
8 licensed midwife, or a certified nurse-midwife.

9 (5) Have a written policy relating to the dissemination of the  
10 following information to patients:

11 (A) A summary of current state laws requiring child passenger  
12 restraint systems to be used when transporting children in motor  
13 vehicles.

14 (B) A listing of child passenger restraint system programs  
15 located within the county, as required by Section 27362 of the  
16 Vehicle Code.

17 (C) Information describing the risks of death or serious injury  
18 associated with the failure to utilize a child passenger restraint  
19 system.

20 (b) The state department shall issue a permit to a primary care  
21 clinic licensed pursuant to subdivision (a) of Section 1204  
22 certifying that the primary care clinic has met the requirements of  
23 this section and may provide services as an alternative birth center.  
24 Nothing in this section shall be construed to require that a licensed  
25 primary care clinic obtain an additional license in order to provide  
26 services as an alternative birth center.

27 (c) (1) Notwithstanding subdivision (a) of Section 1206, no  
28 place or establishment owned or leased and operated as a clinic or  
29 office by one or more licensed health care practitioners and used  
30 as an office for the practice of their profession, within the scope  
31 of their license, shall be represented or otherwise held out to be  
32 an alternative birth center licensed by the state unless it meets the  
33 requirements of this section.

34 (2) Nothing in this subdivision shall be construed to prohibit  
35 licensed health care practitioners from providing birth related  
36 services, within the scope of their license, in a place or  
37 establishment described in paragraph (1).

38 SEC. 5. No reimbursement is required by this act pursuant to  
39 Section 6 of Article XIII B of the California Constitution because  
40 the only costs that may be incurred by a local agency or school

1 district will be incurred because this act creates a new crime or  
2 infraction, eliminates a crime or infraction, or changes the penalty  
3 for a crime or infraction, within the meaning of Section 17556 of  
4 the Government Code, or changes the definition of a crime within  
5 the meaning of Section 6 of Article XIII B of the California  
6 Constitution.

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